

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: James E. Selis

Application No.: 10/631,204

Filed: 07/31/2003

For: BIOPSY DEVICES AND METHODS

Group No.: 3773

Examiner: M.R.Tyson

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment and terminal disclaimer for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Amendment Transmittal--page 1 of 2

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date:

9/21/09

Signature

Michelle Best

Michelle Best

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA				SMALL ENTITY RATE		ADDIT. FEE
TOTAL	20	-- 20	= 0	x	\$	26.00	=	\$	0.00
INDEP.	1	-- 3	= 0	x	\$	110.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	0.00	=	\$	0.00
						TOTAL ADDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$70.00 to Deposit Account No. 501097.


Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 501097.

If an additional fee for claims is required, charge Account No. 501097.

Date: Sept. 21, 2009


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